

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

IN RE: **RIVERDALE VILLAGE WATER SYSTEM**  
Water System No. 1500452

TO: Ms. Kathy Woslum, Park Manager  
Riverdale Village Water System  
811 Roberts Lane  
Bakersfield, CA 93308

CC: Seaco Technologies  
Kern County Environmental Health Services Department

**CITATION FOR NONCOMPLIANCE**  
**TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**  
**June & July 2013**

**Issued on August 15, 2013**

Section 116650, Chapter 4, Part 12, Division 104 of the California Health and Safety Code (CHSC), authorizes the issuance of a citation for failure to comply with a requirement of the California Safe Drinking Water Act, or any regulation, standard, permit, or order issued hereunder.

**VIOLATION**

The Drinking Water Field Operations Branch of the Department of Public Health (hereinafter 'Department') hereby issues a Citation to Riverdale Village Water System (hereinafter 'Water System'), for failure to comply with Section 116555(a)(1) of the CHSC

1 and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically,  
2 the Water System (mailing address: 811 Roberts Lane, Bakersfield, CA 93308) failed to  
3 comply with the total coliform Maximum Contaminant Level (MCL) for the months of June  
4 and July 2013.

5  
6 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples  
7 per month is in violation of the total coliform MCL when more than one sample collected  
8 during any month is total coliform-positive.

9  
10 The Water System is required to collect a minimum of one (1) distribution system  
11 bacteriological sample per month. The bacteriological water analysis results submitted by  
12 the Water System reported the presence of total coliform bacteria in three (3) of eleven (11)  
13 samples collected in June 2013. In July 2013, total coliform bacteria was detected in four  
14 (4) of nine (9) samples collected by the Water System. None of the positive samples  
15 showed the presence of fecal coliform or *E. coli* bacteria.

16  
17 Upon being informed of the presence of total coliform bacteria in one routine sample  
18 collected on July 10, 2013, Water System staff collected a total of four (4) repeat samples  
19 on July 12, 2013. Two (2) of the four (4) repeat samples tested positive for total coliform  
20 bacteria. At the direction of the Department, the Water System then batch chlorinated and  
21 flushed the distribution system. When a chlorine residual was no longer detectable,  
22 additional repeat samples were collected on June 17, 2013. One (1) of the six (6) repeat  
23 samples was positive for total coliform bacteria.

24  
25 Due to the total coliform positive samples during June, the Water System was required to  
26 collect five (5) routine samples during July 2013. The five (5) routine samples were  
27 collected on July 8, 2013, with (4) four of the (5) samples testing positive for total coliform

1 bacteria. The Water System then batch chlorinated and flushed the distribution system.  
2 When a chlorine residual was no longer detectable, a set of four (4) repeat samples was  
3 collected on July 10, 2013. None of these samples showed the presence of total coliform  
4 bacteria.

5  
6 Due to the above-mentioned total coliform positive samples, the Water System failed the  
7 total coliform MCL for the months of June and July 2013. None of the positive samples  
8 showed the presence of fecal coliform or *E. coli* bacteria. All water samples for coliform  
9 bacteria collected during June and July 2013 are summarized in Attachment A.

10  
11 The cause of the contamination is unknown since no specific source of contamination has  
12 been identified. The Water Company does not provide for continuous disinfection of the  
13 distribution system. Triggered source monitoring was conducted from the only active well,  
14 and analytical results were negative for both total coliform and *E. coli* bacteria.

15  
16 The above violation is classified as a non-continuing violation.

## 17 18 **HISTORY**

19 Due to the recent influx of total coliform detections, the Water System has voluntarily  
20 chosen to implement continuous chlorination of the distribution system. Continuous  
21 chlorination is expected to begin during September 2013. The requirements associated with  
22 continuous chlorination are listed under the Directives section of this document.

## 23 24 **NOTIFICATION REQUIREMENTS**

25 Section 64426.1(c) requires a public water system to notify the Department and the  
26 consumers of the water system, when a violation of the total coliform MCL occurs.  
27 Notification to the Department shall be by the end of the business day on which the

1 violation has been determined. If the Department is closed, notification shall be within 24  
2 hours of the determination. The Department was notified in accordance with the above-  
3 referenced section.

4  
5 A Tier 2 Public Notice for violations of paragraphs 64426.1(b)(2) shall be given pursuant to  
6 Section 64463.4 [lists method, time-frame and delivery] and 64465 [content & format].  
7 The Tier 2 Public Notice shall include the mandatory health effects language from  
8 Appendix 64465-A for a total coliform MCL failure.

9  
10 The Water System shall either mail or conduct direct delivery of the public notice to all  
11 customers served within the general service area. Section 116450(g) requires that upon  
12 receipt of notification from a public water system, schools must notify school employees,  
13 students, and parents (if the students are minors), residential rental property owners or  
14 managers (including nursing homes and care facilities) must notify their tenants and  
15 business property owners, managers or operators must notify employees of businesses  
16 located on the property. These secondary notification requirements are included in the  
17 public notice. The Department hereby waives public notification by newspaper, posting or  
18 delivery to community organizations.

19  
20 Attachments B is a copy of a public notice that the Water System may use to notify its  
21 customers. This notice fulfills the total coliform MCL notification requirements and  
22 includes the mandatory language.

23  
24 Proof of notification is required. The Water System shall complete Attachment C and  
25 return it to the Department by **September 13, 2013.**

**DIRECTIVES**

The Water System is hereby directed to take the following actions:

1. By **August 30, 2013** provide public notification of the total coliform Maximum Contaminant Level failure by direct delivery by hand or mail to each consumer.

By **September 13, 2013** the Water System shall provide proof of hand or mail delivery of the total coliform MCL violation notification to each consumer using Attachment C, to:

Tricia A. Wathen, Senior Sanitary Engineer  
Department of Public Health  
Drinking Water Field Operations Branch  
265 W. Bullard Avenue, Suite 101  
Fresno, CA 93704

2. The Water System shall collect five (5) routine samples for total coliform analysis during the month of August 2013.
3. The Water System has requested to replace one of the existing routine sample sites with a new sample location. By **September 13, 2013**, the Water System shall submit an amended Bacteriological Sample Siting Plan reflecting this change.
4. By **September 13, 2013**, the Water System shall complete and submit the enclosed "Positive Total Coliform Investigation" form to the Department that describes the incident and all corrective actions taken, and the results of the investigation. The appropriate investigation report is provided as Attachment D.

- 1  
2 5. Information regarding the permanent chlorination equipment and installation  
3 procedures shall be submitted to the Department for review and approval prior to  
4 installation. The installation shall be conducted by a person qualified and  
5 experienced with chlorination equipment.  
6
- 7 6. The Water System shall have on staff or under contract a minimum of a D1  
8 Certified Distribution Operator to operate the chlorination equipment. The operator  
9 shall visit the well site and review the chlorination treatment on at least a weekly  
10 basis and document the date and time of the visit, the settings on the chemical feed  
11 equipment, the chlorine stock on hand and the chlorine residual at the well site and  
12 in the farthest part of the distribution system. Documentation of the site visits shall  
13 be submitted to the Department by the 10th day of the following month.  
14
- 15 7. The chlorine residual shall be measured at the time and location of the collection of  
16 the monthly distribution system bacteriological samples. This residual shall be  
17 provided to the Department on the laboratory analysis report.  
18
- 19 8. By September 13, 2013, the Water System shall make application to the  
20 Department for a permit to allow the continuous chlorination of the water supply.  
21 Form EH 100 (Appendix E) shall be used to make application. A permit fee of \$258  
22 shall be included at the time the application is submitted to the Department.  
23
- 24 9. The Water System shall initiate monthly sampling of the raw well water for  
25 coliform bacteria. The sample must be collected at a location ahead of chlorination  
26 and shall be analyzed for total and fecal coliform or *E.coli* bacteria using a density  
27 analytical method with the analytical results reported in MPN/100 mL. The results

of all samples shall be submitted to the Department by the 10<sup>th</sup> day of the following month. After six consecutive monthly samples do not show the presence of coliform bacteria, the water system may submit a written request to the Department for a reduction in sampling to one sample per quarter.

10. The Water System shall initiate distribution sampling for **TTHM and HAA5** on an annual basis. Beginning in 2014, the sample must be collected during the month of warmest water temperature (July, August or September) from a location representing the maximum residence time in the distribution system. If the sample exceeds the MCL, the monitoring frequency will be increased to 1 sample per quarter. The Water System must notify the Department if an exceedance of the TTHM, HAA5 MCLs or Chlorine Disinfectant MRDL (maximum residual disinfectant level) of 4.0 mg/L occurs. These levels are listed below.

Contaminant	MCL
Total Trihalomethane (TTHM)	0.080 mg/L
Haloacetic Acids (HAA5)	0.060 mg/L
	MRDL
Chlorine	4.0 mg/L as Cl <sub>2</sub>

**CIVIL PENALTIES**

Sections 116650(d) and 116650(e) of the CHSC allow for the assessment of a civil penalty for failure to comply with requirements of the California Safe Drinking Water Act. Failure to comply with any provision of this Citation may result in the Department imposing an administrative penalty of not less than \$100 (one hundred dollars) per day as of the date of violation of any provision of this Citation.

August 15, 2013  
Date

Tricia A. Wathen  
Tricia A. Wathen, P.E.  
Senior Sanitary Engineer, Visalia District  
DRINKING WATER FIELD OPERATIONS BRANCH



**TW/SF**

**Attachments:**

- Attachment A: Summary of Bacteriological Samples collected in June and July 2013
- Attachment B: Public Notice
- Attachment C: Proof of Notification Form
- Attachment D: Positive Total Coliform Investigation Report
- Attachment E: Permit Ammendment Application



# Bacteriological Distribution Monitoring Report

**1500452 Riverdale Village**
**Distribution System Freq: 1/M**

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	CI2	CI2 Avg	Viol. Type	GWR Satisfied?	Comments
6/10/2013	#210	P	A			Routine				Yes	
6/12/2013	#210	A	A			Repeat					
6/12/2013	#206	A	A			Repeat					
6/12/2013	#215	P	A			Repeat			MCL	Yes	Cit 03-12-13C-014 to be issued for June and July MCL
6/12/2013	#247	A	A			Repeat					
6/17/2013	#206	A	A			Repeat					
6/17/2013	#210	P	A			Repeat					
6/17/2013	#215	A	A			Repeat					
6/17/2013	#216	A	A			Repeat					
6/17/2013	#218	A	A			Repeat					
6/17/2013	#247	A	A			Repeat					
7/8/2013	#206	P	A			Routine				Yes	
7/8/2013	#210	P	A			Routine			MCL	Yes	Cit 03-12-13C-014 issue June and July TCR MCL
7/8/2013	#215	P	A			Routine				Yes	
7/8/2013	#216	A	A			Routine					
7/8/2013	#247	P	A			Routine				Yes	
7/10/2013	#247	A	A			Repeat					
7/10/2013	#206	A	A			Repeat					
7/10/2013	#215	A	A			Repeat					
7/10/2013	#210	A	A			Repeat					

## Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	CI2 not reported

# Source Bacteriological Monitoring Report

**1500452 Riverdale Village**

<i>Sample Date</i>	<i>Time</i>	<i>Source</i>	<i>Sample Type</i>	<i>Test Method</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Violation</i>	<i>Comments</i>
6/12/2013	11:10	Well	GWR Well	P/A	A	A				
6/17/2013	10:30	Well	GWR Well	P/A	A	A				
7/10/2013	1:20	Well	GWR Well	P/A	A	A				

## IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

### Riverdale Village Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what you should do, what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took \_\_\_\_\_ ( ) samples to test for the presence of coliform bacteria in \_\_\_\_\_, 2013. \_\_\_\_\_ ( ) of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria.

#### What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

#### What happened? What is being done?

[Describe corrective action.] \_\_\_\_\_ We anticipate resolving the problem within \_\_\_\_\_ [estimated time frame].

For more information, please contact \_\_\_\_\_ [insert name of contact] at \_\_\_\_\_ [insert phone number] or at the following mailing address: \_\_\_\_\_ [insert business/mailling address].

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.*

#### Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

This notice is being sent to you by \_\_\_\_\_ [system].

Date distributed: \_\_\_\_\_.

**PROOF OF NOTIFICATION**  
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Riverdale Village** of the failure to meet the **total coliform bacteria MCL** for the month of **June and July 2013** as directed by the Department. At least one primary distribution method is required: mail, hand-delivery or newspaper publication. A second method is also required in order to reach persons not likely to be reached by a mailing, direct delivery or newspaper publication (renters, nursing home patients, prison inmates, etc.):

Notification was made on \_\_\_\_\_  
(date)

To summarize report delivery used and good-faith efforts used, please check all items below that apply and fill-in where appropriate:

- ☐ The notice was distributed by mail delivery to each customer served by the water system.
- ☐ The notice was distributed by direct delivery to each customer served by the water system. Specify direct delivery method(s) used: \_\_\_\_\_
- ☐ Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).
- ☐ Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations). \_\_\_\_\_
- ☐ Posted the notice on the Internet at www. \_\_\_\_\_
- ☐ Other method used to notify customers. \_\_\_\_\_

**DISCLOSURE:** Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Certified by Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Due to the Dept. of Health Services within 10 days of notification to the public  
Total Coliform MCL Failure: 03-12-13C-014

## POSITIVE TOTAL COLIFORM INVESTIGATION

### Simple Well with Pressure Tank Systems

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

#### ADMINISTRATIVE INFORMATION

<b>PWS Name:</b>		<b>PWS ID NUMBER:</b>	
		<b>Name</b>	<b>Address</b>
		<b>Telephone #</b>	
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

#### INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Is there a check valve on the well discharge line? Is the check valve seating properly?					
h. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
i. Is the wellhead secured to prevent unauthorized access?					
j. To what treatment plant (name) does this well pump?					
k. How often do you take a raw water total coliform (TC) test?					
l. Provide the date and result of the last TC test at this location					

# POSITIVE TOTAL COLIFORM INVESTIGATION

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DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross connection control program?	
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an <u>exterior</u> location or is it protected by an <u>enclosure</u> ?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny)				

# POSITIVE TOTAL COLIFORM INVESTIGATION

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GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

## ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

## SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

**CERTIFICATION:** I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_



**STATE OF CALIFORNIA**  
**APPLICATION**  
**FOR**  
**DOMESTIC WATER SUPPLY PERMIT AMENDMENT**  
**FROM**

Applicant: \_\_\_\_\_  
 (Enter the name of legal owner, person(s) or organization)

Address: \_\_\_\_\_

System Name: \_\_\_\_\_

System Number: \_\_\_\_\_

TO: Department of Public Health  
 Southern California Branch  
 Drinking Water Field Operations  
 Visalia District Office  
 265 W. Bullard Avenue, Suite 101  
 Fresno, California, 93704



Pursuant and subject to the requirements of the California Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), Article 7, Section 116550, relating to changes requiring an amended permit, application is hereby made to amend an existing water supply permit to \_\_\_\_\_

(Applicant must state specifically what is being applied for - whether to construct

new works, make alterations or additions in works or sources, or change or modify treatment.)

I (We) declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to my (our) knowledge and that I (we) are acting under authority and direction of the responsible legal entity under whose name this application is made.

By: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dated: \_\_\_\_\_

DDW 09/2008